

BOARD OF REGISTERED NURSING

P.O. Box 944210, Sacramento, CA 94244-2100

P (916) 322-3350 | www.rn.ca.gov

Ruth Ann Terry, MPH, RN, Executive Officer



Continuing Education Certification

If your license is being HELD due to a failure to sign your renewal application form and/or certify the completion of the CE requirement for active license status, complete and submit this form as instructed.

Full Name: _____ License No: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____ Email address: _____

PLEASE COMPLETE ITEMS 1 AND 2 BELOW:

1. LICENSE STATUS / CONTINUING EDUCATION:

PLEASE CHECK APPROPRIATE BOX:

- ☐ RENEW MY LICENSE TO **ACTIVE** STATUS BASED ON ONE OF THE FOLLOWING:
- ☐ I SUCCESSFULLY COMPLETED 30 HOURS OR MORE OF CONTINUING EDUCATION DURING MY LAST LICENSE PERIOD (NOTE: You are required to maintain continuing education certificates for 4 years and must be submitted to the Board upon request.)
- ☐ I AM EXEMPT FROM THE CE REQUIREMENT HAVING PASSED THE NCLEX EXAMINATION WITHIN THE LAST 2 YEARS
- ☐ RENEW MY LICENSE TO **INACTIVE** STATUS (Not subject to CE requirements)

2. CERTIFICATION:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Licensee

Date

Return this letter to the Board of Registered Nursing, Attn: Renewals Unit, P.O. Box 944210, Sacramento, CA 94244-2100 or fax to (916) 574-7699 as soon as possible. Upon receipt of the above information, your renewal application will be processed. **IF YOUR LICENSE HAS EXPIRED, YOU MAY NOT ENGAGE IN ANY PRACTICE WHERE A VALID AND ACTIVE LICENSE ISSUED BY THE BOARD IS REQUIRED UNTIL THIS FORM IS COMPLETED AND RETURNED.**